(Revised NPS Form 10-930) (OMB No. 1024-0026) (10-2010)

Applicant Name:

Social Security #:

City/State/Zip Code:

Is this an exercise of First Amendment Rights?

Will you distribute printed material?

(If yes, please explain on a separate page)

Are you familiar with/ have you visited the requested area?

Do you intend to solicit donations or offer items for sale? (These activities may require an additional permit.)

Have you obtained a permit from the National Park Service in the past? (If yes, provide a list of permit dates and locations on a separate page.) Do you plan to advertise or issue a press release before the event?

Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?

Street/Address:

Telephone #:

## National Park Service Great Smoky Mountains National Park 107 Park Headquarters Road Gatlinburg, TN 37738



### **Revised Application for Special Use Permit**

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information**. You will be notified of the disposition of the application and the necessary steps to secure your final permit. For special events, a non-refundable processing fee should be included and your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America as also insured. Pursuant to the 2010 NPS Interim Regulations, parks have up to 10 days to process a fully executed application that seeks to engage in a demonstration or the sale or distribution of printed matter.

Organization Name:

City/State/Zip Code:

Tax ID #:

Street/Address:

Telephone #:

1		1		
Cell phone #:		Cell phone #:		
Fax #:		Fax #:		
Email:		Email:		
Description of Proposed Activ	rity (include diagram if appropria	ate)		
Complete as applicable to the	proposed activity:			
Requested Location:				
Date(s):				
Event set up will begin:	Event will begin:	Event will end:	Removal will be done:	
(date and time)	(date and time)	(date and time)	(date and time)	
Maximum Number of Particip	ants (best estimate)		1	
Maximum Number of Vehicle				
	uipment, attach additional pages	if negggary)		
Support Equipment (fist an eq	urpment, attach additional pages	ii necessary)		
List support personnel (contract	ctors, etc. including addresses ar	nd telephones; attached addition	onal pages if necessary)	
			*	
Individual in charge of event of	on site (include address, telephor	ne and cell phone numbers):		
			Yes No	

Signature	Date
********	**********
that you received with this application by an application fee in the form of a	determine whether a permit will be issued. Unless the cover letter on stated otherwise, this completed application must be accompanied a cashiers check or money order in the amount of \$50.00 made Application and administrative charges are non-refundable.

The applicant by his or her signature certifies that all the information given is complete and correct, and that no

By Mail to:	By Email to:
	grsm_special_use_permits@nps.gov
Attention: Special Use Permits	
Great Smoky Mountains National Park	Only when payment is made on-line thru
60 Enloe-Floyd Bottoms Road	Pay.gov OR there is no fee associated with your
Cherokee, NC 28719	event.

**Note** that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions will be sent to the person designated on the application. The permit must be signed by the responsible person.

#### **NOTICES**

**Privacy Act Statement:** The Privacy Act of 1974 (5 U.S.C. 552a) provides that you be furnished with the following information in connection with information required by this application. This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. Applicants are required to provide their social security or taxpayer identification number or activities subject to collection of fees by the National Park Service (31 U.S.C. 7701) Information from the application may be transferred to appropriate Federal, State, local agencies, when relevant to civil, criminal or regulatory investigations or prosecutions.

**Paperwork Reduction Act Statement):** This information is being collected subject to the Paperwork Reduction Act (44 U.S.C. 3501) to allow the park manager to make a value judgment on whether or not to allow the requested use. This information collection is required to obtain or retain a benefit. All applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 45 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240

# 10-930 GRSM Wedding Supplement

This form is designed to assist people in submitting all necessary information relative to an application for a wedding or related event in the Park. There is no need to list information here if it is included on the first page of the application. The failure to provide all necessary information may result in denial of the permit or in a delay in issuing the permit.

Bride Name:	Groom Name:		
Mailing Address:	Mailing Address:		
Phone Numbers:	Phone Numbers:		
Email:	Email:		
Minister/Officiant: (if not using a co	mmercial wedding planner)		
Church Name, City and State			
*If you are using any of the follov	ving professional services please compl	ete this section:	
Wedding Planner	Photographer		
Minister/Officiant	Videographer	Videographer	
*Wedding Planners/Officiants and Profession conduct business in the national park.	al Photographers are required to have a Commercial	l Use Authorization (CUA) in order to	
Transportation arrangements			
1 2	with respect to the maximum number of	<u> </u>	
	people than can reasonably be transported	-	
mowed, please describe now you	intend to get participants to the event lo	ocation:	
Mathed of Danis out (about one)			
Method of Payment: (check one) Check/Money Order Master			
check whome, order intustes	card/Visa PayPal	Debit Card	

## Reminders:

- Make a tentative reservation for a location/date/time before submitting your application. (grsm\_special\_use\_permits@nps.gov)
- A reservation is required if you plan on using the Appalachian Clubhouse, Spence Cabin or a pavilion. (www.recreation.gov)
- Enclose payment or provide Pay.gov confirmation number.